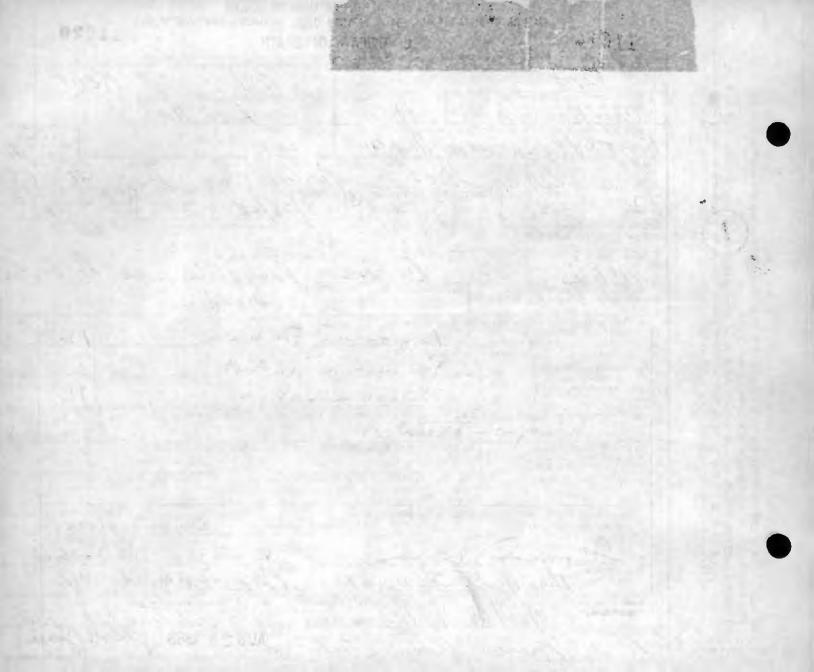
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11614 CERTIFICATE: OF DEATH executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside\_carparate limits, write RURAL and give nearest town) write RERAL and give nearest town) OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES WIF NAME OF 4. OATE Middle Last Oay Year **OECEASED** DEATH IF UNDER IF UNDER 24 HRS SEX 6. COLOR OR RACE 8. DATE OF BURTH 9. AGE (In years YEAR 7. MARRIED NEVER MARRIED last birthday) Months Oays Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during mast of warking life, even if retired) **INDUSTRY** COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME phys en p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates at service a cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) attending physician. **OUE TO** signed | burial. Canditions, if any, which gave rise to immediate cause (a). DUF TO prior to stating the underlying cause the last. 50 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos PHYSICIAN: The NO YES the hospital ar certificate 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH tached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Haur a.m. Not While While factory, street, office bldg., etc.) at work at wark 21. I certify that (I) (this haspital) attended the deceased fram , 19\_\_\_, that (I) (we) last M, fram causes and an the date stated above saw the deceased alive an and that death accurred at DIRECTOR: 22b. OATE SIGNED 220. SIGNATORE director, page 3 should be filed v DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (Rity of Town) (Caunty) (State) 24. FUNERAD DIRECTOR

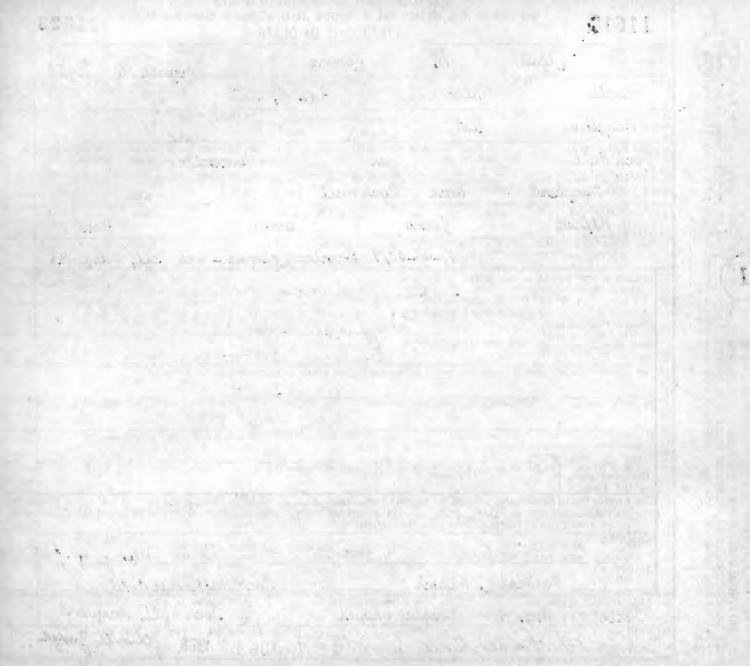


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11615 11621 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR death. within 24 hours ofter death. Lby the funeral Pages 1 and 2 (Type or print) Month Briscoe Ernest 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years SE LINDER 24 HRS. last birthday) ACONTHS Male White Sept. 18 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED etely filled in country) U.S.A. WIDOWED F DIVORCED [ Maryland Kent Md. IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Withi during most of working life, even if retired.)
Salesman give street address) INDUSTRY corbon Betterton Rawleigh's ond in ony event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LUMITS? admission) STATE 13b. COUNTY YES [ NO none 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last John C. Briscoe Nickerson Laura please physicion requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) buriol, cremation, or removal, Betterton. attending phys 212-16-7219 Ernest APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EREBITI VASCULTO FEW WESKS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF SEUSEPL HRONIC BRAIN SYNDRONE (A.S.) signed by the buriol-tronsit p Conditions, if only, which gove ! YSARS rise to immediate cause (o), DUE TO, OR AS, A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause CEUECAL ARTERIO-Sclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ ifter this certificate be detached for us 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (ID)(this haspital) attended the deceased from MAY 8, 1967, ta 8-6-, 1968, that (I) saw the deceased alive an 1968 and that in (my) (aur) apinion death accurred an the date and hour and FUNERAL DIRECTOR: After \_19 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did ngt) view the bady after death. 226, SIGNATURI 22c. DATE SIGNED ATTENDING DIRECTOR DEGREE 22d. PHYSICIAN'S IGH ST. CHESTER TOWN, Md. JORGE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) Pond Still 0 Pond Md. Cemty Kent 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) AUG 1968 30M REV. 1/68 Md. Still Pond, Victor N. Kennedy



Coor,s thites Collyns - summer 21, 1918 10155 Toylor Stoll Naryland US Charterford sent & Causa Anna's despited atmost-tour's Maryland fint moodall & Jane Guerre Walter Callyer Parts Care in a marginal decords (description), warded Control of the state of the sta August 21 - 1 08 August 21 00 'August 27 60 Marry T. Mone. M. D. Gheaterform, Marriand . . .

MARYLAND STATE DEPARTMENT OF HEALTH



		11618	DIVISION O	F VITAL RECORDS,	301 W. PR		LTIMORE, MA	RYLAND 21201	1162	2.4
3	1 00	\		Middle	CERTIFICA	ATE OF DEATH	2a. DATE O	C DEATH	220	
urs after deoth		CEASED-NAME First ype or print) Thom	as	Jefferso	n k	Davis		t 23, 1968	Year	2b. HOUR A 9:09 M
P PY	3. SE		4. RACE			5. DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR MONTHS GAYS	HOURS MIN
t or sign		ale	Whit			November 1		68 birthdoy) YRS.	Made 115	NOVAS NOVA
s. P	7o. E	URTHPLACE (Stote or foreign		WHAT COUNTRY?		NEVER MARRIED .	9. COUNTY O			
		Maryland	US	NAME OF TRANSPORT OF THE	WIDOWED		Kent		Table Million Barrier	Md.
7	C	hestertown	Re Giv	NAME OF HOSPITAL OR INStreet address) ent & Queen	Anne's	Hospital during	mast of working		12b. KIND OF E INDUSTRY er	BUSINESS OR
14		USUAL RESIDENCE (Where deceded ssion) STATE Maryland	sed lived, if instit 13b. COUNTY		Cheste	YES		TREET AND NUMBER  3 Washingt	on Avenu	1e
1	14. F	ATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAM		Middle		Lost
		Thomas		erson Davi		Anı	na	Belle	Bur.	lin
	16a.	WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY I		FORMANT		Address		
	N			214-10-78		spital Rec	ords C	hestertown	, Maryla	and ATE INTERVAL
		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause per	line for (a), (b), and (c).	1 0	<b>%</b>	4			ISET AND DEATH
		IMMED!	ATE CAUSE (a)	1	Corde	ac anne	1/2		15 hr	country
		Conditions, if ony, which gave		R AS A CONSEQUENCE OF	-	10 00	ſ.		150	Q
		rise to immediate cause (a),	(0)	Vent	neulden	follows.	tech		75 14	and a
		stating the underlying couse last. 4 2 0 1	(a)	R AS A CONSEQUENCE OF		= 431	0 . 0 . 0	-0	Uen	
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRI	RUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE (	R CONDITION GIV	EN IN PART 1(a)	1	
		10.00.01	6	0.	J. Marie	THE TEXAMORE WISCOM				
	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		F YES, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
9	IFIC					YES NO	CAUSE	ES OF DEATH?		
		210. ACCIDENT WAS UNDERLYI		OF INJURY		W INJURY OCCURRED (E	_	ury in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF OEI								
	ME	21d INTURY OCCUPRED 214	PLACE OF INJUR			ATION Street or R.F.D.	Na. Cit	y or Town	County	State
		White Not white at wark of work					101		10	
		22o. I certify that (I) (the saw the deceased in	nis hospital) a	ttended the deceos	ed from_ 2	7-20 ,19	67, to 8	- 23 , 19	G8 , that	(I) (we) lost
		sow the deceosed courses stoted obov	olive on	4) ( W ) viau tha	body offer de	thot in (my) (our)	pinion deoth	occurred on the do	ite ond hour o	and from the
		22b. SIGNATURE	e-m=5 ≤ (6)	view me	oody offer bi	oun.	/	220	DATE SIGNED	
		SEN, MOTATORE	a"	isich Mi	DEGRE	E PHYS.	MED.	STAFF STAFF	-23-6	8
1		22d. PHYSICIAN'S	CLE	, L		22e. ADDRESS	JINECION -	1012		
1		Transfer 1	Dick, 1	M. D.			rtown, M	faryland		
	23a.	BURIAL CREMATION. 23b.	DATE		CEMETERY OR C			ION (City of Town)	(County)	(State)
	7	RMOVAL (Specify)	116.25	1468 CHES	TER C	EMETER	V CHE	STERTOW	N KEN	- Md
8	24.	FUNERAL DIRECTOR	1-0-	ADDRESS	, ,	2So. REC	AU GEGERAR	1968 REGISTERS	SIGNATURE O	edat.
	1	Jarven V. W.	ellian	s (hest	citan	M DATE			-	0

Today Strong Lafterson & Davis August 13, 1860 Newschool 20, 1891 mile 2.0 1.10 Land double bimixani' A seed book negotial faringed a cost speed a total configuration. MARKET PROGRESSION COST A ANNOYOU CONT. DOM: 24 offsel alol mest, sivel correlate maint Tid-10-7083 Hergital Mederia waterroom, Marshall There are an in the same of th Contract the state of the state and between hadren apotestion at the date of the 

1	1		NIVICION OF 1				SENT OF HEA	RE, MARYLAND 212(	11	
		11610	MAISION OF	_		ATE OF		ME, MAKILAND 2120	116	25
Pages 1 and 2 aurs after death.	1. DE	CEASED-NAME First		Middle		Last		o. DATE OF DEATH	5 V	2b. HOUR
		ype or print) TINA		LUCILLE		DUKE		AUGUST	19 1968	
5	3. SE	FEMALE	4 RACE WH.	ITE		S DATE OF B	1889 <b>26</b> , 1889	6. AGE (In year)	YRS. IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
		IRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHA		8 MARRIEDS	X NEVER MAR		789:	(K3. ]	
117	caun	iry) laryland	USA		WIDOWED		RCED 🔲	Kent		Md.
67		ty or fown of death Chestertown	11 NAI give st <b>Ken</b> 1	NE OF HOSPITAL OR INS reet oddress) L & Queen	Anne 's	not in haspital	12a USUAL O	CCUPATION (Kind of work of working life, even if retire)	done 12b KIND OF red.) INDUSTRY	BUSINESS OR
14	adm	USUAL RESIDENCE (Where deceased ssion) STATE			Wort	R TOWN	13d INSIDE CITY LIMITS? YES NO			
1	14 F	laryland ATHER'S NAME First	Middle	Last			AIDEN NAME First	Midd	lle	Lost
		George	Chilcu	itt Ch#1	/t/t		Kate			Covey
	Y.	WAS DECEASED EVER IN U.S. ARME	FORCES? or dates of service)	16b. SOCIAL SECURITY I		INFORMANT	_	Addre	BSS	
	No			218-20-43		Hospi	tal Reco	rds	APPROVI	MATE INTERVAL
		<ol> <li>CAUSE OF DEATH (Enter on y PART I. DEATH WAS CAUSED</li> </ol>							BETWEEN OF	NSET AND DEATH
		, IMMEDIATI	CAUSE (o)	Nurvail	ugle	card	wronch	toward oris	ce - and	wykuz
14		Canditions, if any, which gave)	DUE TO, OR AS	A CONSEQUENCE OF	Jem	mual	- control	twenteris.	- Volay	4
		rise to immediate cause (o),	(b)	20 201101101010						
	Н	stating the underlying cause	DUE TO, OK AS	A CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUT	INC. TO DEATH BUT N	DT PELATED TO	O THE TERMINA	I DISEASE OR COND	IT.ON CIVEN IN PART I/A)		
		1 1		tricture of			sited	Carolara Accom	to lan	alan 1
	TON	Making alone of OPERAT ON 196 CO	NDLT ON FOR WHILE	H OPERATION WAS	RECORMED .	20n AUTO		20b. IF YES, WERE FINDING	NGS CONSIDERED IN CE	RT FYING
	CERTIFICATION	Shelled de	cling july	mostory	for al	YES	NO F	CAUSES OF DEATH?		
		210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	21c. H		CURRED (Enter not	ture of injury in Port 1 or Po	ort 2, Item 18.)	
	MEDICAL	OR CONTRIBLTING CAUSE OF DEATH		Month Day Year					,	
	WED	214 INTURY OCCUPPED 216 P	J	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		OCATION Street	et or R.F.D. No.	City or Town	County	State
		While Not while of work	,	OFFICE BUILDING, EK.						
		22a. I certify that (I) (this	hospitol) ofte	nded the deceos	d from	8-9	, 19 68		, 19 <mark>68</mark> , that	(I) (we) last
		saw the deceosed oli	/e on	8-19	968_, on	d that in (m	ny) (aur) apinia	n death occurred on th	ne date and hour	and from the
		causes stated above,	(i) (we) (aid) (	ala not) view the	budy offer	geom.			22c DATE SIGNED	
		220. SIGNATORE	www.	larr	DEGI	REE PHYS	NG K MED.	TOR STAFF	CIAN O	68
		22d, PHYSICIAN'S			2-4-	22e. ADD		TOK 111(3:)	8181141	90
		MAME (Type) Dr. ]	Robert W	. Farr			Chestert	own, Marylan	ıd	
,	23a	BUR AL, CREMATION, 23b DA		23c NAME OF	CEMETERY OR	CREMATORY	7 23	3d LOCATION (City or Town)	(County)	(Stote)
	В		21/68	Chest	erfi	eld Ce	emetery	Centrevil		
D.R	24.	FUNERAL DIRECTOR	12000	ADDRESS	Chest	ertown	25g. RECD BY RE	EGISTRAR 1968 REGIST	TRAR S S GNATURE	in.
10		1. Willes L	0.000	Charle M	mary.	Land	DATE			0.4





	11621		301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	27
1.	DECEASED-NAME First (Type or print) Art		Gibbs	20. DATE OF DEATH Month Do	2b. Hour
	<sup>SEX</sup> Male	4. RACE Colored	s DATE OF BIRTH 10/29/188	1750	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
00	BIRTHPLACE (State or foreign unity) Ween Annes C	75. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED   NEVER MARRIED	9. COUNTY OF DEATH Kent County,	
	Worton		ome hursing has	DAL OCCUPATION (Kind of work done )	126 KIND OF BUSINESS OR INDUSTRY VALUE
adi	mission) STATE Maryla	sed lived, if institution, Residence before nd 35 Queen Anné s	Barclay YES	10 🗌	
L	FATHER'S NAME First  John	Middle Lost Gibbs		elieh	Whittico
16	o WAS DECEASED EVER IN U.S. ARI Ye ND or unknown) (If yes give v		no. 17 INFORMANT 7957 Mrs.Maggie	Seals Barcl	ay. Maryland
	PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	retial insufficient	a, sway	BETWEEN ONSET AND DEATH  2 Kay
	- 1 1	DUE TO, OR AS A CONSEQUENCE OF	i O EDLEROTIO.  OT RELATED TO THE TERMINAL DISEASE OR  I MAY SMITH THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
NOTION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PI	· YES _ NO [	20b IF YES. WERE FINDINGS CAUSES OF DEATH?  er noture of injury in Port 1 or Port 2,	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yeoliner) P.M.			County State
	22a. I certify that (I) (the saw the deceased a causes stated above	nis haspital) attended the deceasilive an e, (I) (we) (did) (did nat) view the	1968, and that in (my) (aur) ac		
	22b SIGNATURE  22d. PHYSICIAN'S NAME (Type) Rufo	Holf Tolth	22e ADDRESS		DATE SIGNED 3-30-68
B	urial 8	/4/68 St.Da	CEMETERY OR CREMATORY niel Cemetery	23d LOCATION (City or Town) Barclay Queen	
24	FUNERAL DIRECTOR	ADDRESS	town Md DATSER	BY REGISTRAR 28b REGISTRAR.	S SIGNATURE

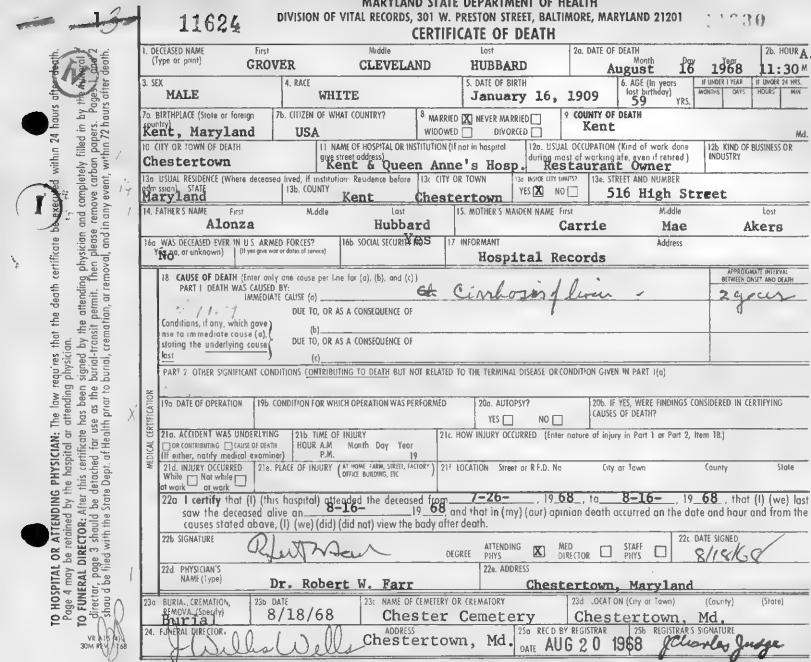
MAKTLAND STATE DEPARTMENT OF HEALTH





1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
FOR STATE	11623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	263
HEALTH DEPT.	PLACE OF OEATH	Idence before admission)
د ليف وي سمح	Kent County MARYLAND Laryland Queen Ann	
ecessary the funeral 5 may be the althent	b. CITY OR TOWN (if outside corporate limits, write RURAL e write RURAL and give nearest town)	nd give nearest town)
The further fu	Chestertown 3 wks. Sudlersville	e. IS RESIDENCE
<b>さら</b> (	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	ON A FARM?
Page Page	Kent & Queen Arnes Hospital	YES NO K
2, and PM3. PM3. Ithe Sf	OECEASED OF	26 19 68
With Think	S CEY & COLOR OR PACE - AND SERVICE STATE OF BIRTH 9 ACE (In years   FINOER)	YEAR IF UNDER 24 HRS.
医多异 人名	Female   Nhite   WIDOWED   DIVORCED   11-9-1824   83 yrs.	Days Hours Min.
ive Page with To	10a USUAL OCCUPATION (Give kind of work done   10b, KIND OF RUSINESS OR   11, BIRTHPLACE (Stete or foreign country)   12, CIT	IZEN OF WHAT
after cong wi	Housewife Maryland USA	
2 S S S S S S S S S S S S S S S S S S S	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
of Established	Ludwig NMN Morgan Annie NMN Schultz	
2 0 - '	(Yes, no, or unknown) [(If yes give war or dates of service)	
within pencil is miner's permit.	No 217-42-5043 Hospital Records	INTERVAL BETWEEN
n pe amir t pe	PART I. GEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Myocardial infarction	ONSET AND DEATH
Exite Ansi	HMMEDIATE CAUSE (a) MYCCAPCIAL INTERCLION  DUE TO	1 uay
exe ndin dica al-tr	Conditions, if any, which ) (b) Arteriosclerotic Heart Disease	unknown
uld be executed "ponding" in "pending" in if Medical Examation. or is cremation, or is	gave rise to immediate cause (a), stating the DUE TO	
shoul vord Chief as a rial, c	underlying cause last. 4237/ (c)	19. WAS AUTOPSY
the work the control the control to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
INER: This certificate should be executed within liftcate, writing the word "pending" in pencil is forwarded to the Chief Medical Examiner's use 3 should be used as a burial-transit permit.	3 wks. Postoperative from prosthesis insertion left femoral neck 20a. EXTERNAL CAUSE WAS   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO X
certifing ded to lid be prior	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. 0ESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18.)  Deceased fell striking floor in bedroom	
R: This are, wr forward forward 3 shoul agent, p		en Anne (State)
the certificate, the certificate, should be forw files.	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  P.m. 8,6 1958 at work at work XMT/s Nursing Home Sudlersville. M	
EXAMINER: certificate ould be fo les. R: Page 3 ' signated age	21. i certify that // look/charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and In my opinion
EXAMI the cert should files.	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner [	
4 5 8	ACTUAL ACTUAL SUBSTITUTE TO ACCUST AND MEDICAL EXAMINER (	22. DATE SIGNED
MED: ecute Page for you L DIRE or its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE STORED
	EXAMINER'S C C CORD TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	82/6
o DEPUTY please ex director. retained f o Funeral	230 BURIAL OPENATION 23b DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY 1/23d. LOCATION (City, town or count	nty) (State)
ple dira	REMOVAL (Specify) HUBUST-28,1968 Chesterfield (Jemetery Centrey (le, O) H. C.	o, 111d,
	24) FUNERAL DIRECTOR 250, REGISTRAR 250, REGISTRAR 250, REGISTRAR'S	SIGNATURE
VR A15ME 0 0	tome H. Barting - Batter Bre, (catrivelle, Mid DATE AUG 30 1968 yours	so Judge -







1/2	1				DIVISIO	N OF VITAL REC		W. PRESTON ST		RE, MARYLAND 2120	1 1.03	11
			1 DI	CEASED-NAME First		Middl		Lost		. DATE OF DEATH		2b HOUR
	र्च किंद्र			ype or print) Emma		Jane			120	August 30,	Doy Year	A
	4		3 66	X *.	4. RACE	Jane		Hyland	IDTM	1 101 11	1968 IF LADER YEAR	1:40 <sup>M</sup>
	<b>POGE 4</b> may be retained by the hospital or attending physician.  OF EUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filted in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon a piers. Pages should be filted with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event.		J. J.	Female		ite			ber 10, 1	last highdout	YRS. MONTHS DAYS	HOURS MIN
	by Po Pour		7o I	BIRTHPLACE (Stote or foreign	7b CITIZEN	OF WHAT COUNTRY?	8. <sub>MA</sub>	RIED NEVER MAI		DUNTY OF DEATH		
	ers ers		COU	Maryland	US			WED X DIVO	RCED K	Kent Co.,		Md.
	in 2	10	10. (	ITY OR TOWN OF DEATH		11. NAME OF HOSPITA	AL OR INSTITUTIO	N (If not in hospital	12o USUAL OC	CUPATION (Kind of work d	one 12b KIND OF	BUSINESS OR
	with Son With	r/		Chestertown		Kent & Qu	ieen An	ne's Hosp		f working life, even if retire busewite		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complet director, page 3 should be detached for use as the buriol-transit permit. Then please remove call should be tiled with the State Dept. of Health prior to buriol, cremation, or removal, and in ony evert	14	13o. odmi	USUAL RESIDENCE (Where deceos ssion) STATE	ed lived, if	INITY	1	TY OR TOWN	YES NO	13e STREET AND NUMBE	R	
	con con 10 ve	1	14 7	Maryland		Kent		ck Hall	41	None		
	e ex pnd rem	- /	14. h	ATHER'S NAME First	Me	ddle	Lost	15. MOTHER 5 M	AIDEN NAME First	Midd		Losi
	e bi on o		160	Herman WAS DECEASED EVER IN U.S. ARA	ILD EUBCICS		CURITY NO	17. INFORMANT	Carrie	Addre		rkley
	ficat ysici ple ol, a		100. Y	es, no, or unknown) (fyes give v	or or dates of ser	vice)	COKITI NO		1 Records	Chestertow		md
	erti ph hen novo						4 (33	HOSPILA	I Kecolus	Onesteleor	APPROX	MATE INTERVAL
	th o			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIA	) BA- IA oue conze	per line for (o), (b),	and (c).)	6 -	- 0	· odi		ONSET AND DEATH
	deo Hen rmit			IMMEDIA				Mar Lamme	- cardio	annies the	e Sind	eans
	the al			Conditions, if ony, which gove	DOF	O, OR AS A CONSEQUE	NCE OF					
	y th			rise to immediate couse (a), (	DHE TO	b) D, OR AS A CONSEQUE	NCE OF					
	The low requires the attending physician. has been signed by se os the buriol-traith prior to buriol, cre			stoting the underlying couse lost.	DOL 10	()	INCE OF					
	ohys igné igné			PART 2 OTHER SIGNIFICANT COI	IDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMINA	L DISEASE OR CONDI	TION GIVEN IN PART 1(o)		
	ng l ng l en s en s he H		×	111, -1								
	low endi		CATIO	190. DATE OF OPERATION 19b.	CONDITION F	OR WHICH OPERATION	WAS PERFORM	D 20o. AUTO	PSY?	20b. IF YES, WERE FINDIN	IGS CONSIDERED IN C	ERTIFYING
	The att	3.	CERTIFICATION					YES _		CAUSES OF DEATH?		
	LN: l or cate or u			210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	G 215 1	TIME OF INJURY R A.M. Month Dov	Year	PTc. HOW INJURY OF	CURRED (Enter not)	ure of injury in Port 1 or Po	rt 2, Item 18.)	
	Pit a filting of the state of t		MEDICAL	(If either, notify medical exami-	ner)	P.M.	19					
	OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate is 3 should be detached for u ed with the State Dept. of Heol		W	21d. INJURY OCCURRED 21e.	PLACE OF IN	JURY (AT HOME FARM, OFFICE BLILDING	STREET FACTORY.)	21f. LOCATION Stre	et or R.F.D. No.	City or Town	County	Stote
	G P the thi det det			While Not while of work				71 7-6				4
	by Star			22o. I certify that (I) (th	s hospito	l) ottended the d	ieceosed fro	n July 20	19 68	, to August 30	) 19 <u>68</u> , thoi	(I) (we) last
	R:/			22o. I certify that (I) (the saw the deceased a couses stated above	i, (I) (we)	(did) (did not) vie	w the body	ifter deoth.	iy) (out) opinion	i deam accorrea on in	e dote ond nour	and trum the
	SP CT BAT			22b. SIGNATURE	- ( ) ( )						22c DATE SIGNED	
	OR be r					ac5-	LMB	DEGREE PHYS	NG MED DIRECT	OR STAFF	8-30-	68
	SPITAL 4 moy IERAL I or, pag Id be fill	,		22d. PHYSICIAN'S NAME (Type) A C	Déale	M D		22e. ADI		. Vomeland		
	A n A n NER tor,	1	L	Α. σ.		, M. D.		<del></del>		n, Maryland		
	Poge O FUN direct		230	BUR AL CREMATION, 23b			AME OF CEMETE PESLO	RY OF CREMATORY	APEL 230	1. 1.00ATION (City or Town)	(County)	(Stote)
			24	EUNERAL DIRECTOR	( F.		ADDRESS	, 0111	2So. REC'D BY REC		RAR'S SIGNATURE	1 1 1 2
	VR A15 (4 30M REV 1	120	84	Canala 1	Lamo	= CHILL	HJC-	ILLMD	DATCED		carlas Ind	Lan.
		1	<u> </u>	777	Inche	CALLON	. 01 . 1		1 2 2 2	4 1300		<del></del>



1 1	MARYLAND STATE DEPARTMENT OF HEALTH
'	1 1 626 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I DECEASED NAME First Middle Last 20 DATE KNOWN Month Day Year 25 HOUR
of of	(Type or Print) ROBERT NELSON JACOBS DEATH MATED & 174 1000 PM
Page 13	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years ) FUNDER 1 YEAR IF UNDER 1 YEAR 20 DATE PRONOUNCED DEAD 12d HOUR
del A3.	male Caloned april of 1925 40 YRS MONTHS DAYS HOURS MIN Month and Day 12 Year 19 64 10:20 M
ny delay is 2, and 3 ta PM3. Page partment of	70 BIRTHPLACE (Stole or foreign 76 CIT ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
De De	rounts)
fall	
Pages 1, 2, and 3 to with farm PM3. Page e State Department of	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of Jvarking (ife, even if retired) INDUSTRY (INDUSTRY)
thours after death  Office along with farm toner with the State De	Certificate will and and A 4006 (AB, 0.1)
書号車/養養/人	admission) STATE 30. 4 143b COUNTY 4.2 has been seen as 143b COUNT
S 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Maryer Rul Wisigland 15 2 110
hourr Item Office	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24   24   5   5   5   5   5   5   5   5   5	Thence fands countre Black
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
vith pen am am	(Yes, no, or unknown) (If yes give wor or dates of service) 7 ES Hospital Records 1 Chastartown Ind.
d will pe I Exar File in 72	18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND CHATH
urte lical lical vith	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)
Med Med per nt w	
per joer	Conditions, if any, which gave
Chi Chi	nse ta immediate couse (a).
should be executed with ward "pending" in performed to the Chief Medical Exact burial-transit permit file in any event within 72	stating the underlying cause DUE TO, OR AS A CONSTITUTE OF
INER: This certificate should be executed within 24 hours after death to certificate, writing the ward "pending" in pentil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages it and 2 with shot be notion, or remayal, and in any event within 72 hours after that has a file that he was a feet that he can be notion.	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
ical Examiner: This certificate to execute the certificate, writing the for. Page 4 should be farwarded to ad far your files.  CTOR: Page 3 should be used as a burial, crematian, or remayal, and	LAKE S QUILLOWS COMPLIONS CONTRIBUTING TO DEALL BUT MOT MOTHER TO THE SERWINAL DISEASE OR COMPLIENT OF ARM IN NAKL 1(0)
rtifi ratir ratir ratir val,	196 CONDITION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
Mag dr.w	WAS PERFORMED?
be be	196 CONDITION 196 CONDITION POR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 THE OF INJURY Month, Day, Yegr 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Hern 18)
iffic In bland	21a EXTERNAL CAUSE WAS 21b TITE OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 ar Part 2, Item 18)
shaul shaul files. 3 shau atian	E CAUSE OF DEATH P.M. 9/12 1990
the the start for the ma	totary office building etc.)
ecute Page ar you R: Pagi	AT WORK AT WORK AT WORK AT WORK COLLEGE COLLEGE COLLEGE ST - Chester over Kent Mil
Po Feet	22a   certify that I tack charge at the remains described above, held an Autopsy   Inspection   Inquiry   and in my apinian
ical Examiner:  e execute the cert for. Page 4 shaule ed far your files. caok:Page 3 shau burial, crematian.	death resulted fram. Natural causes, Accident, Suicide, Hamicide, Undetermined manner
ain ain to	CHIEF MEDICAL EXAMINER
ury please eral directeral directeral precipitations. RAL DIRE priar to	ACTUAL JALLY W. FARQ ACSISTANT MEDICAL EVANANCE TO 22b DATE SIGNED
o DEPUTY necessory, the funero 5 may be 0 FUNERA Health pr	SIGNATURE SCHOOL STATE OF THE SCHOOL
For the second s	NAME (Type) ROBERT W. FARR ADDRESS(Street, city, town, or county) Christic form, and -
necessary, please execute the funeral director. Page 4 5 may be retained far your of FUNERAL DIRECTOR: Page Health priar to burial, crem	230 RIPAN (REMATION . 23h DATE 22 NAME OF (EMITTRY OF PERMATORY . 124 (OFATION (City of Toyot) (Control
- =	PIMOVAI (Secrity). 1 Secrity - 1 - O 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1
(1)	24 CHARDA DIDECTOR
VR A15ME [5]	CLOSICO THE AUG 19 1968 Illiants Judge
10M REV 1/68	Thereary Mason Chediate and I Date



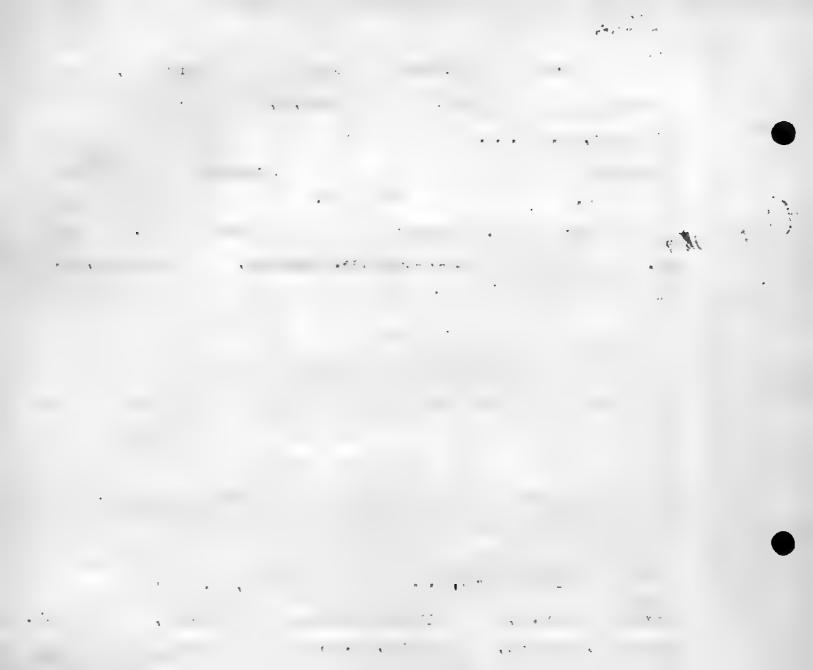


1		11623	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21201	14734
rolf.		CEASED NAME First	Gertrude Jone	Last	2a. DATE OF DEATH  Manta 1999	Yeb 6 6 04 PA
ed within 24 hours after deoth pletely filled in by the funeral carbon papers. Pages 1 and 2 carbon within 72 hours at the sith	3. SE	// Olace	4. RACE White	S. DATE OF BIRTH 8/12/03	6 AGE (In years	FUNDER I YEAR   IF UMDER 24 HRS, ONTHS DAYS HOURS MIN,
4 hours in by there. 72 hours	7a. E		76 CITIZEN OF WHAT COUNTRY? Amer. USA	B. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH	Md.
vithin 2 sly filled son pap within		ITY OR TOWN OF DEATH estertown	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital live een Annes dur	USUAL OCCUPATION (Kind of work done in 1975)	12b. KIND OF BUSINESS OR INDUSTRY
d complete	13a admi	usual residence (Where decease	ed lived, if institution Residence before 13b. COUNTY Kent	Rock Hall 13d this D	13e. STREET AND NUMBER P.O. Box 197	
be exe	Ma	ATHERS NAME First rion Brown Hill			elle Morrison	Lost
rtificote ohysicia on plea	16a Y	WAS DECEASED EVER IN 35 ARMI es, no, or unknown) (If yes give we	IED FORCES? ar or dates of service)  16b SOCIAL SECURITY N 218-30-33		Address Chestertown,	
ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour stained by the hospital or ottending physician.  GTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Prith the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gave rise to immediate cause (o), stating the underlying cause lost.	y one cause per line for (a), (b) and (c); DBY TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	Myocaroiac 1-S.C.W.D.	INFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND GRATH  40 ADLY S
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-from should be filled with the State Dept. of Health prior to burial, cre	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONT 190, DATE OF OPERATION 196, C	IDITIONS CONTRIBUTING TO DEATH BUT NO	FORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
HYSICIAN: hospital or is certificate ached for u	MEDICAL CE	21a ACCIDENT WAS UNDERLYING  or contributing cause of peath (If either, notify medicol examin 21d INJURY OCCURRED Wh.le Nat while at wark	H HOUR A.M. Month Day Year		(Enter nature of injury in Part 1 or Part 2, Ite  D No City or Town	m 18.) Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to		22a. I certify that (I) (the	is hospital) oftended the decease live on 1 c, (i) (we) (did not) yiew the	od fram	19 68, to 8-11, 19 4 r) opinion death accurred on the dote	, that (I) (we) last and hour and fram the
O HOSPITAL OR Page 4 moy be re of FUNERAL DIRECTOR page 3 should be filled with the control of t		22d PHYSICIAN S	arry P. Ross	DEGREE ATTENDING PHYS  22e. ADDRESS Ches		12-68
TO HOS Page 4 TO FUN direct			15/68   Solomo	cemetery or crematory on Meth Cem.	Solomon Calvert	
30M REV 168	24	FUNERAL DIRECTOR	Olls Chester	town, Md. DATE	NUG 14 1968 25h REGISTRARS SI	and Judge

ALADVIAND CTATE DEDADTALENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



1. 1-2-	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	^38
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ak yeor 25 HOUR
× 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOHN Gerard XERAYD O'SHEA DEATH MATED & August	? 168 M
ole of the state o	INST BITTHERY MAN AND STATE AND STATE OF THE	Year 2d HOUR
≥ ( <b>X</b> ( 1 €	male white 5-2-25   43 yrs   August 26.	1968 p.M
a a a	70 BIRTHPLACE (State or foreign   75 CITIZEN OF WHAT COUNTRY?   B. MARRIED     Y COUNTY OF DEATH   Country) Pa.   U.S.A.   WIDOWED   DIVORCED   Kent	
far far		Md
Pog Arth		KIND OF BUSINESS OR
	Chestertown Insurance Agent Ins	surance
and	admission) STATE	Lenn
2 2 2 2		
hour Item Office I and 2		Lost
hin 24 nool in niner's pages hours	Thomas X Aquinas Shea Anna Catherine McGinn  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
thin 24 mod in miner's poges hours	(Yes no or unknown) I (If we nive work or detect of conuce)	
be executed within 24 hours "pending in pencil in Item 1 net Medical Examiner's Office onsit permit. File pages I and 2 event within 72 hours after c		APPROXIMATE INTERVAL
rited rate.	PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
be executing pending nief Medical permit permit event with	IMMEDIATE CAUSE (a) Drown Eng	
sit s	DUE TO, OR AS A CONSEQUENCE OF	
d be d 'F Chie frons	rise to immediate couse (a), (b)	
should be executed to word "pending" is to the Chief Medical buriol-tronsit permit.	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s she v he v to th burn d in	PART 2 OTHER 5 GN.FICANT CONDITIONS CONTR.BJTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND.TION GIVEN IN PART 1(0)	
This certificate should be executed within 24 hours after death cote, writing the word "pending—in pencil in Item 18. Gave Pog be forwarded to the Chief Medical Examiner's Office olong with be used as a buriol-transit permit. File pages I and with the Starir removal, and in any event within 72 hours after death.	1/2/18	
war war sed ova		20 AUTOPSY?
his certi ote, writ e forwal be used remova	WAS PERFORMED?	YES NO
INER: Thi e certificot snould be files. 3 should be		1
INER: The certification of the smooth of the state of the	PRIMARY TOR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  UNK PM. UNK 19  UNK  19  UNK  19  UNK  19  UNK  19  UNK  19  UNK  19  UNK  19  UNK  19  UNK  19  UNK  19  UNK	
(AMINER: te the certified 4 should vour files. age 3 should cremation,	E TOTAL OF THE POPULATION OF T	inty Stote
AL EXAMINER: This execute the certificate, r. Poge 4 should be for your files.  TOR: Page 3 should be uniol, cremation, ar rer	4.96	Maryland
For Poor iol,	22a <b>I certify</b> that stack charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry [],	and in my apinian
2 2 2 2 2	death resulted fram: Natural causes, Accident X_, Suicide, Hamicide, Undetermined manner	
pleose e director retained.	CHIEF MEDICAL EXAMINER	
	SIGNATURE MET WE 17 7 22b. DATE SIGNED  M.D. ASSISTANT MED CAL EXAMINER   22b. DATE SIGNED	
	EXAMINER'S Werner W Spitz, M.D. DEPUTY MEDICAL EXAMINER	88
TO DEPUTY necessory, the funero 5 may be 10 FUNERA Heolth pr	NAME (Type) ADDRESS(Street, city, town, or county)	
5 ± 2 5 ±	23a BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	ly) (State)
0	REMOVAL (Specify) Burial 8#30-68 Holy Redeemer Balto., Md.	Tim.
VR A15ME BY	Est Realistant States	UKE
10M REV 1108	Leonard J. Ruck, Inc., 5305 Harford Rd. AV6 30 1968 Volcantes Que	dge.
	<i>"</i>	V



1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1163.3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9
HEALTH DEPT.	1 DECEASED NAME First Middle tinst 20 DATE KNOWN D Month Day	Year 2b HOUR
N 0 0 4 1	(Type or Print)  ROBERT TYLER PHIPPS  OF ESTI-  DEATH MATER X August	68UNK M
y delay is , and 3 to PM3. Page Ottment of	3 SEX 4 RACE 5 DATE OF RIGHTH 6 AGE (In years   16 JNDER 1 YEAR   16 UNDER 24 MPS. 72 DATE PERIODISM SED DEAD	
del and M3.	loss birthday) MONTHS DAYS HOURS MAN Month Day Year	12:30 1968 D.M
(9.78)	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED ANEVER MARRIED 9 COUNTY OF DEATH	7001 230
- E (C)	(GUINTY) Baltimore U.S.A. WIDOWED DIVORCED Kent	Md.
ages state	10 CITY OF TOWN OF DEATH 11 NAME OF MOSPITAL OF INSTITUTION (If not a property) 120 1 Stat OCCUPATION (Made of most date 12) MIND	OF BUSINESS OR
tem 18 Give Pages 1, office along with farm and 2 with the State Defended and 2 with the State D	Chestertown  Give street oddress)  Rock Hall  Give street oddress)	
olarge of the control	13a. USUAL RES DENCE (Where deceased lived, if institut on: Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY LM1157 13d. STREET AND NUMBER	
v t a	odrMarly land   13th COUNTY Baltimore   YES   NO □   1809 Vista Lane	
hours of the depth	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
		ler
hin 24 noti in niner's pages haurs	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes gives were or detes of service) (If yes gives were or detes of service)	
d within in pencil Examine File pag		
be executed wit "pending" in pe nief Medical Exar ansit permit File event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (0) (0), and (0)	PROXIMATE INTERVAL PEEN CHSET AND CEATH
be execute "pending" iief Medica insit permit	IMMEDIATE CAUSE (a) MULLIPLE INJUITES	
f M f went ent ent	DUE TO, OR AS A CONSEQUENCE OF	
d "be d "l Chie rran:	rise to immediate couse (a)	
should be executed a ward "pending" is a the Chief Medical bur, al-transit permit in any event with.	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s she he w ta th bur:	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in Ishauld be farwarded to the Chief Medical Examiner's files.  3 should be used as a bur.al-transit permit File pages I action, ar remaval, and in any event within 72 hours (by	12/0	
nis certific tre, writin farwards se used as remayal,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AJTOPSY?
for for eme	₩AS PERFORMED?	YES THE NO
AL EXAMINER: This certil execute the certificate, writer. Page 4 shauld be tarward for your files.  TOR: Page 3 should be used urial, cremation, ar remaya	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	4 0
in i	PRIMARY X OR CONTRIBUTING HOUR A.M. UNK 19 UNK	
IINER ne cer shaul files. 3 sho nation		Stote
necessary, please execute the certification in the funeral director. Page 4 shauld 5 may be retained far your files.  TO FUNERAL DIRECTOR: Page 3 show Health priar to buriar, cremation,	white hot wints water fordary, office building, etc.)  Kent,	Maryland
Page Page Page Page Page Page Page Page	22a. I <b>certify</b> that I took charge of the remains described above, held an Autapsy (X), Inspection (), Inquiry (), and	d in my opinion
Ed 16	death resulted fram: Notural couses Accident X, Suicide , Homicide , Undetermined manner	
lease director director police police for to both for the	CHIEF MEDICAL EXAMINER	
y planta	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER X  226 DATE SIGNED	
ssary, please exteneral directar. ay be retained incertar. INERAL DIRECTO	EXAMINER'S Werner U. Stitz, M.D. DEPUTY MEDICAL EXAMINER . 8/27/6	8
ro DEPUTY necessary, the funero 5 may be 0 FUNERA Health pr	NAME (Type)  ADDRESS(Street, city, tawn, ar county)	
10 ± ± 5 0 ± ±	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County)	(Stote)
ρ.	Devial dati-68 Faraine Com. Sellinas	7328
VR ATSME IS	24 ADDRESS 250 REC'D BY REGISTRAR 256 REG STRAPS SIGNATURE	
10M REV 1/88/	1/ My Je fectiver for DATE AUG 28 1968 gclientes	Jacobal



<i>'</i>	11632 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN Manth Day Year 26 HOUR.
of Je	1 DECEASED NAME First Middle Last 20 DATE KNOWN Manth Day Year OF ESTI- DEATH MATED AUG. 5 68 A
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS. 20 DATE PROMOUNCED DEAD 221 HOUR
deloy	female white Feb. 17,1943 25 YRS MONTHS DAYS HOLES MAN Month Aug. 5 Day 968 Year 19 A M
200	70 BIRTHPLACE (Stote or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIES NEVER MARRIED 7 COUNTY OF DEATH
- 2-8	
Pinges vith for	OUNTRY) Maryland USA WIDOWED DIVORCED Kent Mc  10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito 120, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
Per le St	Chestertown give street Kent & Queen Anne during may of wak natie, even feeting in INDISTRY worker
ofter deoth  8. Give Pinges along with for with the Stote leoth.	130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c City Or TOWN 3d JASJOE CITY UMITS? 13e STREET AND NUMBER
s offer 18. Give 18. Give 18. Give 19. Give 19. Give 19. Given 19.	
V 01	
hours Ifem 1 Office 1 ond 2	T T
	Ellsworth Edwards Louise Foreman
within 24 pencil in arminer's le pages 72 ha≡rs	16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS  (Yes, no, or upknown) (fyes give war or dates of service) 21.2 40.9483 HOSDITAL Records Chestertown Md
within pencil xamine ile pagi	TV 0 422 40 5405 FEEF THOUSE ON CHESCELEOWN, FIG.
P	18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
e executed pending in st Medical Esit permit. F	PART I DEATH WAS CAUSED BY EMMEDIATE CAUSE (a) Sutracrasial hamorhage -
pe exe	413 DUE TO, OR AS A CONSEQUENCE OF
nef nef ansi	(b) Hyperturne Cardid vascular desare facella year
word word the Ch nal-tra	stoling the underlying couse DUE TO, OR AS X CONSEQUENCE OF
	lost. (c)
the state of to a but ind in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(a)
is certificate to writing the forwarded to be used as a kernewal, and	z V43x
certi' writ orwal used mova	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?  WAS PERFORMED?
This cate, be to le u	E   YESXX NO □
# B 0	
INER: 1 e certific should b files 3 should otian, ol	
	The mount occurred the form of the first of the first of the first occurred the first occ
EXAMINER ute the cer oge 4 should your files Poge 3 should remotian	WHILE NOT WHILE AT WORK AT WORK AT WORK
bical EXAM lease execute the director. Page 4 eramed for your DIRECTOR: Page or to burial, crem	22a. I certify that I took charge of the remains described above, held on Autopsy 📈, Inspection 🗍, Inquiry 🗍, and in my opin on
JICAL I	death resulted from Notural causes N. Accident . Suicide . Hamicide . Undetermined manner
please direct direct cetaine DIREC	CHIEF MED CAL EXAMINER
# # F # 18	ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER 226. DATE SIGNED
J = 0 11 12	FYAMINEDIS ROBERT W. Farr DEPUTY MEDICAL EXAMINER 1 8/5/68
necessary, processary, process	MA ARE (T)
5 5 ± 2 5 5 5	230 BURIA, CREMATION 1 23h DATE 123c NAME OF CEMETERY OF CREMATORY 123d LOCATION (City or Town) (County) (State)
-	The state of the s
	Burial 8/7/68 Wesley Chapel Cem. Nr. Rock Hall, Md.
	Burial 0//08 Wesley Chaper Cent. INT. ROCK Hall, Md.
VR A15ME (5)	Burial 8//08 Wesley Chaper Cem. Mr. Rock Hall, Md.

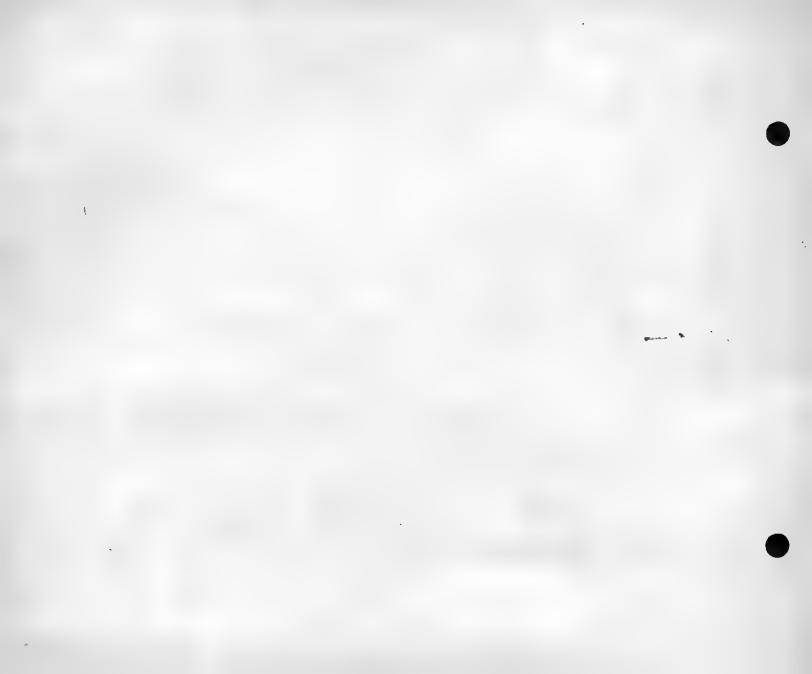
MARYLAND STATE DEPARTMENT OF HEALTH

and the second of the second

1		1100 DIVISION OF	MAKTLAND STATE DEPA VITAL RECORDS, 301 W. PRESTOI		ARYLAND 21201	
2 -		11635	CERTIFICATE	OF DEATH		11541
death	1	PLACE OF DEATH  a. COUNTY  A  A  A  A  A  A  A  A  A  A  A  A  A	MARYLAND	2 USUAL RESIDENCE (Where de	cosed lived, if institution Resilib COUNTY	dence before admission)
aers after		b CITY OR TOWN (If ourside corporate limits, write RURAy and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If preside com	parote limits, write RURAL and	give nearest tawn)
	Z	Y 18 / / / / / / / / / / / / / / / / / /	paspital, give street, oddress)	d STREFT ADDRESS		6 IS RESIDENCE ON A FARM? YES NO X
burial, cremotion, or removal, and in ony event, within	3	NAME OF DECEASED (Type or print)  Baby		Lost 4 DAT OF DEA	TH august	Doy Yeor 5 1968
ony eve	L	nale N V	MARRIED NEVER MARRIED C B. VIDOWED DIVORCED	August 5, 1968	9 AGE ( n years   IF UND   Month   yrs	s Doys Hours Min
and in	du	O USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, o Chestertown	r foreign country) 12 , Md .	COUNTRY?  USA
moval, and		FATHER'S NAME BRUCE	HARRIS	CONSUELLA	Leneva	Sisco
būrial, tremotion, or rem burial, tremotion, or rem	(Y	WAS DECEASED EVER NOS ARMED FORCES? as, no, or unknown) (If yes give wor or dates of ser		IFORMANT	Address	
onsit premotic		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	er line for (o), (b), and (c))  /MM	ATURITY		INTERVAL BETWEEN ONSET AND DEATH
ourial, c		Conditions, if ony, which gave (b), (b)				
State Dept. of Health prior to b		stoling the underlying couse CC (c)				
X and a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				19 WAS AUTOPSY PERFORMED? YES NO
pt. of H	AL CERTIS	2Da ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (E		,	
tote De	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o,m	White Not While of work of work	OF INJURY (Home, form, y, street, office bldg , etc.)		County) (State)
h the >		21. I certify that (1) (this hospita saw the deceased olive on 2	) attended the deceased fram, and that	8-5, 1968 death occurred at 25%	M, fram causes and an	9 <b>68</b> , that (I) (שע) last the date stated above.
director, poge 3 should should be filed with the		22c PHYSICIANS	andrew MD	ATTENDING MED DIRECTOR	The STAFF rest	DATE SIGNED 68
tor, pould be f	23/	NAME (Type) S. Sull BURIAL, CREMATION, 23b DATE PHEREOI	RANDSON M.D.	. Chester	town )	nd.
	22	REMOVAL (Specify) 8/6/68	7	PINE'S HOSP. C	LOCATION (City or Town)  HESTIERTOCU N  STRAR   25b REGISTRAB	
(F)	A	W. Morin, ala	min	DATE AUG 8	1968 /	orles Judge



1	MARYLAND STATE DEPARTMENT OF I	IMORE MARYLAND 21201
. 2 -	11636 CERTIFICATE OF DEATH	11042
executed within 24 hours after death decompletely filled in by the huneral and very event, within 72 hours after death	1 PLACE OF DEATH 0 COUNTY 2 MARYLAND 2. USUAL RESIDEN 0. STATE	CE (Where deceased lived, if institution Residence before admiss on)
ov the T		If outside corporate limits, write RURAL and give neorest town)
orn pareri. within 72 hg	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	6 IS RESIDENCE ON A FARM? YES NO
arban nt, with	3 NAME OF First Middle Lost DECEASED (Type or print) Scot Fitzgerald Stavely	4 DATE Month Doy Year OF BEATH 8 - 1 1968
any event, with		8 lost birthdoy) Months Doys Hours Min
and in	during most of working life, even if retired)  INDUSTRY  Kent	unity & State, or foreign country)  12 CITIZEN OF WHAT COUNTRY?
Then p mavai,	James Reyher Stavely In Henri	etta (NMW) Williams
attending p permit. The ion, ar remo	15 WAS DECEASED EVER IN U.S. ARMED FORCAS? (Yes, no, or unknown) (If yes give wor or dotes of service)  16 SOCIAL SECURITY NO 17 INFORMANT  17 INFORMANT  1 + 0 S P	Address -
dis de	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Tetal of ale	ectosis interval between onset and death
būrial-transit burial, crema	Conditions, if any, which gave (b) Premoturity (ise to immediate cause (a),	Y
for use as the P Health prior to b	stoting the underlying couse CC (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE	CONDITION COVEN IN DART I/-> 10 WAS A TOPY
ealth ×	7625	YES NO
م ق	20. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Day, Year  20. INJURY OCCURRED  20. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury of injury)  20. TIME OF INJURY Month, Day, Year  20. INJURY OCCURRED  20. DESCRIBE HOW INJURY OCCURRED  20. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury of injury)	·
director, page 3 shauld be detache shauld be filed with the State Dept >	Hour om While Not While of work at work	etc)
hauld the S	21. I certify that (1) this haspital) attended the deceased fram 9-10-65 saw the deceased give an 9-11-19-69, and that death accurred	22b. DATES GNED
AL DIREC page 3 s e filed wi	220 PHYSCIANS 220 PHYSCIANS 220 ADDRESS	
rage 4 may be retained by the nashilar or directaing  • FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defacthed far use as the shauld be filed with the State Dept of Health priar to	230 BURYAL CREMATION. 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
- V-K	REMOVAL (Specify) 8/12/68 Chester Cem.  24 FUNERAL, DIRECTOR A ADDRESS 250	Chestertown, Md.
M 1/02	J. Willis Chestertown, Md DATE	AUG 1 4 1968 Achanles Judge



	ľ	A		DIVISION OF VITAL RECORDS,		RESTON STREET, BALL		ARYLAND 21201		
		11637				CATE OF DEATH	,		11.543	
ŧ		man and Fraid	rst	Middle	1	Last	2o. DATE		2b.	HOUR p
ded	Ľ	ype or print) Hatt	ie	Elizabeth		Thomas		August 17,	1968 9:	15 M
	3. SE	X		4. RACE		S. DATE OF BIRTH			IF UNDER 1 YEAR IF UNDER ONTHS   DAYS   HOURS	R 24 HRS.
	1	emale		Negro		May 30, 190	3	7RS.	ONTHS DATA MOURA	Hilly
2001127	7o l	BIRTHPLACE (State or foreign intro)	- (	b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY			
		MaryLand		USA	WIDOWED		Ker			Md.
	1	ITY OR TOWN OF DEATH		11 NAME OF HOSP TALOR INS give street address Kent & Lueen	TITUTION (IF	not in hospital 120 USU	IAL OEEJPATIO Sost af warkii	ON (Kind of work done ng life, even if retired.)	12b KIND OF BUSINES	SS OR
a		nestertown			Anne					
1 4.	adm	ssion) STATE Marylan		13b. COUNTY Kent			IO [3]	STREET AND NUMBER		
	14	ATHER'S NAME First	100	Middle Last		5. MOTHER'S MAIDEN NAME	First	Middle	las	1
		James		Alfred Johnson		Mare	aret	Etta	Graves	3
	lóg.	WAS DECEASED EVER IN U.S. / es, no, or unknown)   (II yes gr	RMEC			INFORMANT		Address		
	L	no no or	18 40(1)	none		Hospital Reco	rds	Chestertown		
		18. CAUSE OF DEATH (Enter	anly	ane cause per lige far (a), (b), and (c).				7	APPROXIMATE INTE BETWEEN ONSET AND	DEATH
		PART I, DEATH WAS CAL	DIATE	ane cause per line far (a), (b), and (c).  BY.  CAUSE (a) CONGEST	we.	HEART	FAI	LURE	6 MON	1711-5
		4127		DUE TO, OR AS A CONSEQUENCE OF				,	1	7
		Canditions, if any, which gas rise to immediate couse (o	/e ) ).(	(-)	HOCE	rdeal INI	FARC	tron	10 West	Hes
- W		stating the underlying cause	ie (	DUE TO, OR AS A CONSEQUENCE OF						
			CONDI	(C)	T DELATED T	O THE TERMINAL DISEASE OF	CONDITION OF	VEN IN PART 1/a)		
		1 DA DHE		MA TOID A	LA FIX		CONDITION OF	TEG III FAKI 1101		
	CERTIFICATION	19g. DATE OF OPERATION 1		ONDITION FOR WHICH OPERATION WAS PE		20o. AUTOPSY?	20b.	IF YES, WERE FINDINGS COM	ISIDERED IN CERTIFYIN	NG
¥	I E					YES NO	CAU	SES OF DEATH?		
		210 ACCIDENT WAS UNDERL		21b. TIME OF INJURY	21c F	IOW INJURY OCCURRED (Enti	er nature of in	ijory in Part 1 ar Part 2, Ite	m 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF I	miner	HOUR A.M Manth Day Year P.M. 19						
	ME	21d IN JRY OCCUPRED 2	le Pl	ACE OF INJURY ( AT HOME FARM, STREET, FAC	10RY ) 21f. L	OCATION Street or R.F.D. No	o. C	ify or Town	County	State
		While Not wh le at work at work								
		22a I certify that (I)	this	hospital) attended the decease	d from	8/14/ , 19_	<b>68</b> , to_	8/1/ , 19 <b>X</b>	.68_, that (I) (\	we) lost
		causes stated abo	i di.v	(I) (we) (did) (did nat) view the	bady after	death.	attion deat	n occurred on the dan	e ana nour ona m	om me
		22b SIGNATURE		1		************	157D		TE SIGNED	<u></u>
		1 he 1	Z	leys -	DEG	REE PHYS. LX.I	MED DIRECTOR	STAFF PHYS	-19-60	5
		22d PHYSICIAN'S NAME (Type) J		OL STATE		22e. ADDRESS	N	(A)		
				e Oteiza M.D,		Chestert				
	23a		b DA	21/68 Emmanu	CEMETERY OF	ethodist Ce	23d LOCA	TION (City or Town)  C. D. Chester	town Md	te)
	_	FUNERAL DIRECTOR	1				BY SEC STRAD	40 COSh RECKNISH	A Property Comments	
HI PYSTO	24.	Dens MI	W.	Chestertov	m,Ma	ryland DATE AU	623	1968 B. REOFEMAN	a B	
A	$\vdash$		7-			- Prik				



- Americans	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11632 Items 7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1044
TUR STATE	-		
T HEALTH BERT		Type of Prints	Doy Year 30 HOUR
~ 5 B € 2		DEATH MATED	19 P M
	3 \$		2d HOUR
ny de 2, and PM3 PM3		Male Colored Jan 7, 1925 (ast birthday) MONTHS DAYS HOURS Min. Month Aug Day 5	Year 1968 sameM
		BIRTHP_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED DEVER MARRIED 9 COUNTY OF DEATH	1
	COUC	arwick, Md. USA WIDOWED DIVORCED	Md
# ge		A DATE	26 KIND OF BUSINESS OR
rer death Give Pages ong with fai	1		NDUSTRY
		USUAL RESIDENCE (Where deceased lived/if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
ofter of or of or of or of or	130	CTATE AT A LANGE COUNTY OF A LANGE COUNTY	
within 24 hours af pencil in Item 18. caminers Office alo	<u> </u>		
hours Item 1 Office I and 2 offer d	14 6	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	FO24
24 n l n s ( s 1		Clifton P. Waters Middred Briscoe	
hin 24 nal in niner s pages haurs		WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
amil 2 h	(,	(65, no, ar unknawn) (1) yes give war or dates of service) 219-10-5927	
d with the Exar File n 72	-	METYLENC CHIVOYS I conce	APPROXIMATE INTERYAL
# : B # : E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY.	BETWEEN ONSET AND CEATH
be execute "pending" inef Medica ansit permi		MMEDIATE CAUSE (a) Fractured skull with intracranial hemorrhage	about 3 hour
f f N		ODUE TO, OR AS A CONSEQUENCE OF  Canditions, ii any, which gave )  Automobile accident	
hie hie		rise to immediate cause (a) (b)	
any al-t		stating the underlying couse \ DUE TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" in the Chief Medical burial-transit permit.		(c)	
INER: This certificate shauld be executed within 24 hours after death e tertificate, writing the word "pending" in pencil in Item 18. Give Pagi should be farwarded to the Chief Medical Examiners Office along with files.  3 should be used as a burial-transit permit. File pages I and 2 with antastration, ar removal, and in any event within 72 hours offer death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fica ing ing de( de(	-	. 44	
certii , writ arwar used mava	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for the form	3	WAS PERFORMED?	YES NO
VER: This retrificate nould be fles shauld be tion, ar re	ERT	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
*	A	PR MARY DUR CONTRIBUTION OF THE CONTRIBUTION O	tich had cono
Lear Lear Lear Lear Lear Lear Lear Lear	MEDICAL		TION HEE BOHO
	2	21d INJURY OCCURRED  21e PLACE OF .N. JRY (At hame, form, street, factory, affice building, etc.)	county - Signe
DEPUTY DICAL EXAMINER: cessary, please execute the cert e funeral director Page 4 should may be retained for your files FUNERAL DIRECTOR: Page 3 should prior to bur all, cremation,		WHILE NOT WHILE AT WORK AT WORK IN I Ghway nr Calona Md	
ICAL E for Ported for CTOR: I bur'ol,		22a   certify that I taak charge of the remains described above, held an Autopsy [], Inspection ], Inquiry [],	and in my opinian
5 5 5 5 E		death resulted fram: Natural causes , Accident by, Suicide , Hamicide , Undetermined manner	
drector etained DIRECT			J
please I directo refame DIREC		ACTUAL CHIEF MED (AL EXAMINER 220 DATE SI	CNCN
UTY BICA  Iny, please e leral director be retained RAL DIRECT  Prior to bu		SIGNATURE MU COST ENTREMES COS	5/68
DEPL ecesson may FUNE ealth		EXAMINER'S	,
necessary, pure funeral 5 may be r for Funeral Health price	-	· · · · · · · · · · · · · · · · · · ·	
5 g + 2 D + 3	230		County) (Stote)
		RENOVALISMONTY Aug. 10, 1968 Bohemia Manor Cem. Bohemia Manor,	Md.
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR'S SIG	SNATURE
VR A15ME (5)	1	Toluk Bell- 909 Poplar St. Wil DRATE AUG 8 1968 gella	ela Viera
UN			



1		MAKTLAN DIVISION OF VITAL RECORDS	ID STATE DEPARTMENT (		VIAND 21201		
	11640		CERTIFICATE OF DEAT		TIMIND ZIZOT	116	46
	I. DECEASED-NAME First (Type or print)  Day:	id H.	Wilmore	20. DATE OF	DEATH 102	Y68	2b. HOUR
3	Male	4 RACE Colored	S. DATE OF BIRTH 8/13/ 18	94	6. AGE (In years lost birthday) 7.4 YRS.	IF UNCER 1 YEAR MONTHS DAYS	HOURS MIN
	(ountry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF	County, N	arylan	d m
0	0. CITY OR TOWN OF DEATH R.F. 2 Chestertown	Md give street address) At	STITUTION (If not in haspital lead duri	USUAL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY Vario	BUSINESS OR
4	30. USUAL RESIDENCE (Where decease demission) STATE Marylane	d lived, if institution; Residence before 13b. COUNTY Kent	13c. CITY OR TOWN 13d. INSION Chestertown LES		REET AND NUMBER		
1 1	14. FATHER'S NAME First George	Middle Wilmo	ore Laura	AME First	Middle	tewart	Lost
	160. WAS DECEASED EVER IN U.S. ARME Yes 80, or unknown) (If yes give wen	D FORCES? or dates of service)  16b. SOCIAL SECURITY 218-16-4	NO. 17. INFORMANT		Address	) ocwai (	
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a),	one cause per line for (o), (b), and (c) BY: E CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF (b).	romany och	usiron		APPROXIA	MATE INTERVAL VSET AND DEATH
2	54201	DUE TO, OR AS A CONSEQUENCE OF  (c)  ITIONS CONTRIBUTING TO DEATH BUT N  ONDITION FOR WHICH OPERATION WAS PI	ERFORMED 20a. AUTOPSY?	20b. IF	N IN PART I(a) YES, WERE FINDINGS I	CONSIDERED IN CE	RTIFYING
	S CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M.	21c. HOW INJURY OCCURRED  9 CTORY.) 21f. LOCATION Street or R.F.		ry in Part 1 at Port 2,	Item IB.)	State
	While at wark 220. I certify that (I) (this sow the deceased oli couses stated above, 22b, SIGNATURE	hospitol) ottended the deceosive on (I) (we) (did) (did not) view the	ed from	1967, to ) opinion death	3 - 13 , 19 occurred on the d	-	(I) (we) looned from the
-	22d. PHYSICIAN'S NAME (Type) Rudolf 23a. BURIAL, CREMATION, 23b. DI	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATIO	1. Maryl	(County)	(Stote)
B	BERMAY Tipecity) 8/1	ADDRES:		C'D BY REGISTRAR	2Sb. REGISTRAR'S		

11/68 - 83/11 AN BY ST LE BERNER see Mar Kilaya - a beautiful see A comment of the comm Later and the difference Automora de la constante de la e receptado com basecrale William Standard Bridge Standard 218-30-30-30 The true of the second of the second of the second To be a superior of the superi the Color of the State of the Color of the C